

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3	3					
4	3					
5	2					
6	2					
7	2					
8	2					
9	2					
10	2					
11						
12	1					
13	2					
14	2					
15	2					
16	2					
17	2					
18	2					
19	2					
20	2					
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46						
47						
48						
49						
50						
TOTAL IND.	9					
TOTAL DEP.	3					
TOTAL CLAIMS	38					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						